

How to file a petition for commutation

This form should be filed if you received an award of permanent disability and you want all or part of your award paid in a lump sum. An award of permanent disability is **only** issued by a workers' compensation judge.

A summary rating from the Disability Evaluation Unit is not an award of permanent disability.

You will need to prove you have a financial hardship to get your award in a lump sum.

Complete the form, following the attached sample.

Attach any supporting documents (copies of bills, overdue notices, etc.) to the completed form. Mail the original form to your local Workers' Compensation Appeals Board (WCAB) office and a copy to the insurance company.

Keep a copy for your records.

The insurance company has 10 days to object to your petition. If there is an objection, the WCAB will normally conduct a hearing.

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at www.dir.ca.gov/dwc.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

ANAHEIM, 92801-1162

1661 N. Raymond Ave., Suite 202
Information & Assistance Unit **(714) 738-4038**

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100
Information & Assistance Unit **(661) 395-2514**

EUREKA, 95501-0481

100 "H" Street, Suite 202
Information & Assistance Unit **(707) 441-5723**

FRESNO, 93721-2280

2550 Mariposa Street, Suite 4078
Information & Assistance Unit **(559) 445-5355**

GOLETA, 93117-3018

6755 Hollister Avenue, Suite 100
Information & Assistance Unit **(805) 968-4158**

GROVER BEACH, 93433-2261

1562 W. Grand Avenue
Information & Assistance Unit **(805) 481-3380**

LONG BEACH, 90802-4339

300 Oceangate Streets, Suite 200
Information & Assistance Unit **(562) 590-5240**

LOS ANGELES, 90013-1105

320 West 4th Street, 9th Floor
Information & Assistance Unit **(213) 576-7389**

MARINA DEL REY, CA 90292

4720 Lincoln Blvd. 2nd floor
Information & Assistance Unit **(310) 482-3858**

OAKLAND, 94612-1402

1515 Clay Street, 6th Floor
Information & Assistance Unit **(510) 622-2861**

OXNARD, 93030

2220 East Gonzales Road, Suite 100
Information & Assistance Unit **(805) 485-3528**

POMONA, 91766-1601

732 Corporate Center Drive
Information & Assistance Unit **(909) 623-8568**

REDDING, 96001-2796

2115 Civic Center Drive, Suite 15
Information & Assistance Unit **(530) 225-2047**

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300
Information & Assistance Unit **(951) 782-4347**

SACRAMENTO, 95825-2403

2424 Arden Way, Suite 230
Information & Assistance Unit **(916) 263-2741**

SALINAS, 93906-2204

1880 North Main Street, Suites 100 & 200
Information & Assistance **(831) 443-3058**

SAN BERNARDINO, 92401-1411

464 West Fourth Street, Suite 239
Information & Assistance Unit **(909) 383-4522**

SAN DIEGO, 92108

7575 Metropolitan Drive, Suite 202
Information & Assistance Unit **(619) 767-2170**

SAN FRANCISCO, 94102-7002

455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit **(415) 703-5020**

SAN JOSE, 95113-1482

100 Paseo de San Antonio, Suite 241
Information & Assistance Unit **(408) 277-1292**

SANTA ANA, 92701-4070

28 Civic Center Plaza, Suite 451
Information & Assistance Unit **(714) 558-4597**

SANTA ROSA, 95404-4760

50 "D" Streets, Suite 420
Information & Assistance Unit **(707) 576-2452**

STOCKTON, 94202

31 East Channel Street, Suite 344
Information & Assistance Unit **(209) 948-7980**

VAN NUYS, 91401-3373

6150 Van Nuys Blvd., Suite 105
Information & Assistance Unit **(818) 901-5374**

STATE OF CALIFORNIA
 Department of Industrial Relations
 Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

your name

Applicant

vs.

*your employer and
insurance company*

Defendants

Case No. *your WCAB case number*

Petition for Commutation of Future Payments

NOTICE: Order may issue granting petition for commutation unless
objection is filed within (10) days after date of service

1. Applicant requests (A) that all future payments be commuted to a lump sum.
 (B) that sufficient final weekly payments be commuted to produce the sum of \$ amount
 (Strike out part not applicable) *your are requesting*
2. The reason for requesting commutation is:
Explain and document your financial hardship.

NOTE: Good cause must be shown under Labor Code Section 5100. No attorney fee will be allowed unless Requested.

Dated: _____

Petitioner *x your signature*

Copies mailed to the following on

_____ 19 ____

Attorney for Petitioner

Do not write in this section
ORDER

COMMUTATION IS HEREBY ORDERED AS FOLLOWS:

Dated: _____

Served by mail on persons shown on
the official address record

By: _____

WORKERS' COMPENSATION JUDGE

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

Case No. _____

Applicant _____

vs.

Defendants _____

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of Future Payments**

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Dated: _____

Petitioner _____

Copies mailed to the following on

_____ 19__

Attorney for Petitioner

ORDER

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Dated: _____

Served by mail on persons shown on
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By: _____

WORKERS' COMPENSATION JUDGE